NH Public Utilities Commission

REC Aggregator Portal

New Users CLICK HERE to setup your account for this form. Creating an account enables 16 2016 you to partially complete the form and return later to finish it or to make changes after the form in is submitted. Be sure to create your account BEFORE entering information into the form of Serial the information will be lost.

Existing Users CLICK HERE Basic Information Who is submitting this request? Aggregator Aggregator Batch Number KE031416 Are you registered in NH Yes O No Aggregator name Knollwood Energy - 14625 NH Reg# Aggregator Email karenton@knollwoodenergy.com Other Aggregator name Other aggregator email address **Facility Name Facility Owner Name** Rebekah Sutherland

Facility Owner email
harbor1001@gmail.com
Owner Phone
6003-334-5299
Facility Address
6 Penacook St.
Facility Town/City
Penacook
Facility State
NH
Facility Zip
03303
Yes No No Mailing Address
Mailing Town/City
Mailing State
Mailing Zip
Primary Contact
Karen Tenneson
Primary Contact
Facility Primary Contact
karenton@knollwoodenergy.com

Other Email Address
Facility Information
Class
Utility
Unitil
Other Hillity Name
Other Utility Name
To all their and OLO ID and the state of
To obtain a GIS ID contact:
James Webb
408 517 2174
jwebb@apx.com
GIS ID (include "NON")
NON73031
Date of Initial Operation
02/12/2016
Facility Operator Name, if applicable
acility Operator Marrie, ir applicable
Panel Quantity 24
Panel Make
SunEdison
Panel Model
F270
Panel Rated Output
270
System capacity based on panels
6480

Inverter Quantity
24
Inverter Make
Enphase Energy
Add'l Inverter Quantity
NA
Additional Inverter Make
None
Dated Outside Discours Investors
Rated Output - Primary Inverter 215
215
Rated Output - Additional Inverter
System capacity based on single inverter make
5160
System capacity based on two inverter types
System capacity in kW as stated on the interconnection agreement
5.16
Revenue Grade Meter Make
Hialeah
Was this facility installed directly by the customer (no electrician involved)? O Yes
O Yes ● No
Electrician Name & Number
Troy Diamond 12218M
Other Electrician Name & Number
nstallation Company
Granite State Solar

Other Installation Company Name
Other Inst. Company Address
Other Inst. Company City
Other Inst. Company State
Other Inst. Company Zip
Independent Monitor Name & Company
Paul Button - Energy Audits Unlimited
Other Monitor Name and Company
Is the installer also the equipment supplier?
Yes No
Equipment Vendor
Please attach your completed interconnection agreement including Exhibit B.
https://fs30.formsite.com/jan1947/files/f-5-99-6319913_3pNcDTK6_sutherland_ex_b_completeCOC.pd
The project described in this application will meet the metering requirements of PUC 2506 including:
Electricity generation in megawatt hours shall be reported to the GIS quarterly with a statement that the submission is accurate by the owner of the source, the independent monitor or a designated representative.
A revenue quality meter is used to measure the electricity generated

The facility owner has certified to the independent monitor that the meter operates according to manufacturing standards.

The meter shall be maintained according to the manufacturer's recommendations.

The project is installed and operating in conformance with applicable building codes.

A copy of the facility's interconnection agreement is attached.

Please attach additional document here

https://fs30.formsite.com/jan1947/files/f-5-168-6319913_3mdOLTLP_Application_Approved_1596-SPI

Please attach additional document here

https://fs30.formsite.com/jan1947/files/f-5-173-6319913_365qrMML_Sutherland_NHOS.pdf

Aggregator statement of accuracy

Sign your name using a mouse or, if you are using a touch-screen device, a stylus or other pointer.

Print Name

Karen Tonnesen

Date Signed

03/14/2016



Certificate of Completion for Interconnection

Installation Information:	Check if owner-installed			
Customer or Company Name (print):Rebekah Sutherland				
Contact Person, if Company:				
Mailing Address: 6 Penacook St				
City:Penacook	e:03303			
Telephone (Daytime):(603) 344-5299 (Evening):				
Facsimile Number: E-Mail Address: _harl	oor1001@gmail.com			
Address of Facility (if different from above):				
Address of Facility (if different from above): State: Zip Cod	e:			
Electrical Contractor's Name (if appropriate):Granite State Solar				
Mailing Address: 197 North Main St				
City: Boscawen State: NH	Zip Code:03303			
Telephone (Daytime): (603) 369-4318 (Evening):				
Facsimile Number: E-Mail Address: justi				
License number: 0366 C State: NH	······			
Date of approval to install Facility granted by the Company:10/	1/15			
Application ID number:1596				
Inspection:				
The system has been installed and inspected in compliance with the local Building/Electrical Code of Concord Meximaex				
(City/County/State)				
Signed (Local Electrical Wiring Inspector, or attach signed electrical	inspection):			
Name (printed): Craig Billingham				
Date: $\frac{1}{2}$				
As a condition of interconnection you are required to send a copy of this form along with a copy of the electrical permit to Unitil at the following address:				

signed

Unitil Corporation

Attention: Generator Interconnections

6 Liberty Lane West Hampton, NH 03842



UNITIL ENERGY SYSTEMS, INC. INTERCONNECTION STANDARDS FOR INVERTERS SIZED UP TO 100 KVA (Continued)

Simplified Process Interco	nnection Application and Se	
Contact Information:	Date Prepared: 10/1,	**************************************
Legal Name and address of Interconnecting Custon		
Customer Name (print): Rebekah Sutherland	Contact Person, if Company:_	
Mailing Address: 6 Penacook St		
City: Penacook	State: New Hampshire	Zip Code: <u>03303</u>
Telephone (Daytime): (603) 344-5299		
Facsimile Number:	E-Mail Address: harbor100	1@gmail.com
Alternative Contact Information (e.g., system insta	llation contractor or coordinating co	empany, if appropriate):
Name: Granite State Solar		,
Mailing Address: 197 North Main	St	
City: Boscawen	State: New Hampshire	Zip Code: 93393
Telephone (Daytime): (603) 369-4318	(Evening):	
Facsimile Number:	E-Mail Address: justin@gra	anitestatesolar.com
Electrical Contractor Contact Information (if appro		
Name:	• /	ie.
Mailing Address:		
City:	State:	Zip Code:
Facility Information:		
Address of Facility: 6 Penacook St		
City: Penacook	Ct. t. Naw Hampshira	7' 0 1 00000
City: Penacook Electric Service Company: Account	State: New Hampshire	
Inverter Manufacturer: Enphase		
Nameplate Rating:215(kW)(kVA		
System Design Capacity: 5.16 (kVA)		ePhase
Net Metering: If Renewably Fyeled, will the ac		Nie
Prime Mover: Photovoltaic Reciprocating I	Engine Fuel Cell Turking	INO
Energy Source: Solar Wind Hydro	Discal Notural Cos Discal Oil	Other
UL 1741.1 (IEEE 1547.1) Listed? Yes X N	bleset Matural Gas M Fuel Off	U Other
Estimated Install Date: TBD		TBD
Customer Signature	Estimated III-Service Date.	And the second section of the second
I hereby certify that, to the best of my knowledge, a	all of the information provided in this	is application is true and Lagrage to the
Terms and Conditions on the following mage:	a land	/
Interconnecting Customer Signature: KENEUR	Homeowner Homeowner	Date: 10/1/15
Please attach any documentation provided by the		he inverter's UL 1741 listing.
Approval to Install Facility (For Company use only		
nstallation of the Facility is approved contingent u	pon the terms and conditions of this	Agreement, and agreement to any
system modifications, if required (Are system modi	fications required? Yes No	To be Determined):
Company Signature: Jak Company	1. Title: 1267 Des7.	Date: FEB 5,2016
Company waives inspection/Witness Tact? Ves	No	

New Hampshire PUC REC Certification Application Owner Statements

The information provided on this application for New Hampshire Renewable Energy Certificate eligibility is accurate to the best of my knowledge and I authorize Knollwood Energy to act on my behalf in filing said application.

The project described in this application will meet the metering requirements of PUC 2506 including:

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REBEKAH SUTHERLAND

Printed Name of signature owner

Signature of system owner